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|---------------------------------|---|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i> | <i>LBRM-125869630</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>The Ohio Casualty Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>2008-03006</i> | | |
| <i>TOI:</i> | <i>05.0 Commercial Multi-Peril - Liability & Non- Liability</i> | <i>Sub-TOI:</i> | <i>05.0002 Businessowners</i> |
| <i>Product Name:</i> | <i>Businessowners</i> | | |
| <i>Project Name/Number:</i> | <i>AR BOP Revised Changes Endorsement ISO Adoption/2008-03006</i> | | |

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company

| | | |
|--|------------------------------|--|
| Product Name: Businessowners | SERFF Tr Num: LBRM-125869630 | State: Arkansas |
| TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability | SERFF Status: Closed | State Tr Num: EFT \$50 |
| Sub-TOI: 05.0002 Businessowners | Co Tr Num: 2008-03006 | State Status: Fees verified and received |
| Filing Type: Form | Co Status: | Reviewer(s): Betty Montesi, Llyweyia Rawlins |
| | Author: Scott Edwards | Disposition Date: 10/24/2008 |
| | Date Submitted: 10/22/2008 | Disposition Status: Filed |
| Effective Date Requested (New): 02/01/2008 | | Effective Date (New): 02/01/2009 |
| Effective Date Requested (Renewal): | | Effective Date (Renewal): |
| State Filing Description: | | |

General Information

| | |
|--|---|
| Project Name: AR BOP Revised Changes Endorsement ISO Adoption | Status of Filing in Domicile: Not Filed |
| Project Number: 2008-03006 | Domicile Status Comments: |
| Reference Organization: Insurance Services Office | Reference Number: BP-2008-OCH1 |
| Reference Title: Arkansas Revised Changes Endorsement Approved | Advisory Org. Circular: Li-BP-2008-232 |
| Filing Status Changed: 10/24/2008 | |
| State Status Changed: 10/24/2008 | Deemer Date: |
| Corresponding Filing Tracking Number: | |
| Filing Description: | |
| Effective February 1, 2009 we wish to file to adopt the above captioned ISO Filing Designation number, which has been filed and approved by Insurance Services Office. | |

SERFF Tracking Number: LBRM-125869630 State: Arkansas
 First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
 Company Tracking Number: 2008-03006
 TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
 Liability
 Product Name: Businessowners
 Project Name/Number: AR BOP Revised Changes Endorsement ISO Adoption/2008-03006

Company and Contact

Filing Contact Information

Scott Edwards,
 62 Maple Ave.
 Keene, NH 03431
 scottm.edwards@LibertyMutual.com
 (800) 826-6189 [Phone]
 (603) 352-9252[FAX]

Filing Company Information

The Ohio Casualty Insurance Company
 9450 Seward Road
 Fairfield, OH 45014-5456
 (800) 843-6446 ext. [Phone]
 CoCode: 24074
 Group Code: 111
 Group Name:
 FEIN Number: 31-0396250

 State of Domicile: Ohio
 Company Type: Property & Casualty
 State ID Number:

West American Insurance Company
 9450 Seward Road
 Fairfield, OH 45014-5456
 (800) 843-6446 ext. [Phone]
 CoCode: 44393
 Group Code: 111
 Group Name:
 FEIN Number: 31-0624491

 State of Domicile: Indiana
 Company Type: Property & Casualty
 State ID Number:

American Fire and Casualty Company
 9450 Seward Road
 Fairfield, OH 45014-5456
 (800) 843-6446 ext. [Phone]
 CoCode: 24066
 Group Code: 111
 Group Name:
 FEIN Number: 59-0141790

 State of Domicile: Ohio
 Company Type: Property & Casualty
 State ID Number:

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: Arkansas \$50 Form filing fee
 Per Company: No

| | | | |
|--------------------------|--|------------------------|------------------------|
| SERFF Tracking Number: | LBRM-125869630 | State: | Arkansas |
| First Filing Company: | The Ohio Casualty Insurance Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | 2008-03006 | | |
| TOI: | 05.0 Commercial Multi-Peril - Liability & Non- Liability | Sub-TOI: | 05.0002 Businessowners |
| Product Name: | Businessowners | | |
| Project Name/Number: | AR BOP Revised Changes Endorsement ISO Adoption/2008-03006 | | |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|-------------------------------------|---------|----------------|---------------|
| The Ohio Casualty Insurance Company | \$50.00 | 10/22/2008 | 23399395 |
| West American Insurance Company | \$0.00 | 10/22/2008 | |
| American Fire and Casualty Company | \$0.00 | 10/22/2008 | |

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|--------------------------|--|------------------------|------------------------|
| SERFF Tracking Number: | LBRM-125869630 | State: | Arkansas |
| First Filing Company: | The Ohio Casualty Insurance Company, ... | State Tracking Number: | EFT \$50 |
| Company Tracking Number: | 2008-03006 | | |
| TOI: | 05.0 Commercial Multi-Peril - Liability & Non- Liability | Sub-TOI: | 05.0002 Businessowners |
| Product Name: | Businessowners | | |
| Project Name/Number: | AR BOP Revised Changes Endorsement ISO Adoption/2008-03006 | | |

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Llyweyia Rawlins | 10/24/2008 | 10/24/2008 |

SERFF Tracking Number: LBRM-125869630 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-03006
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: AR BOP Revised Changes Endorsement ISO Adoption/2008-03006

Disposition

Disposition Date: 10/24/2008

Effective Date (New): 02/01/2009

Effective Date (Renewal):

Status: Filed

Comment: Adopt the ISO Filing Designation number BP-2008-OCH1, which has been filed and approved by Insurance Services Office.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

| | |
|---|--------|
| Overall Percentage Rate Indicated For This Filing | 0.000% |
| Overall Percentage Rate Impact For This Filing | 0.000% |
| Effect of Rate Filing-Written Premium Change For This Program | \$0 |
| Effect of Rate Filing - Number of Policyholders Affected | 0 |

| Item Type | Item Name | Item Status | Public Access |
|---------------------|--|-------------|---------------|
| Supporting Document | Uniform Transmittal Document-Property & Casualty | Filed | Yes |
| | Cover Letter | Filed | Yes |

| | | | |
|---------------------------------|---|-------------------------------|-------------------------------|
| <i>SERFF Tracking Number:</i> | <i>LBRM-125869630</i> | <i>State:</i> | <i>Arkansas</i> |
| <i>First Filing Company:</i> | <i>The Ohio Casualty Insurance Company, ...</i> | <i>State Tracking Number:</i> | <i>EFT \$50</i> |
| <i>Company Tracking Number:</i> | <i>2008-03006</i> | | |
| <i>TOI:</i> | <i>05.0 Commercial Multi-Peril - Liability & Non-</i> | <i>Sub-TOI:</i> | <i>05.0002 Businessowners</i> |
| | <i>Liability</i> | | |
| <i>Product Name:</i> | <i>Businessowners</i> | | |
| <i>Project Name/Number:</i> | <i>AR BOP Revised Changes Endorsement ISO Adoption/2008-03006</i> | | |

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125869630 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-03006
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners
Project Name/Number: AR BOP Revised Changes Endorsement ISO Adoption/2008-03006

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty
Review Status:
Filed 10/24/2008
Comments:
Attachment:
AR F 777.pdf

Satisfied -Name: Cover Letter
Review Status:
Filed 10/24/2008
Comments:
Attachment:
2008-03006.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

| | | |
|---|---|--|
| 1. Reserved for Insurance Dept. Use Only | 2. Insurance Department Use only | |
| | a. Date the filing is received: | |
| | b. Analyst: | |
| | c. Disposition: | |
| | d. Date of disposition of the filing: | |
| | e. Effective date of filing: | |
| | New Business | |
| | Renewal Business | |
| | f. State Filing #: | |
| | g. SERFF Filing #: | |
| h. Subject Codes | | |

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|-------------------------------|---------------------|
| 3. Group Name | Group NAIC # |
| Liberty Mutual Agency Markets | 111 |

| 4. Company Name(s) | Domicile | NAIC # | FEIN # |
|-------------------------------------|----------|-----------|------------|
| The Ohio Casualty Insurance Company | OH | 111-24074 | 31-0396250 |
| West American Insurance Company | IN | 111-44393 | 31-0624491 |
| American Fire and Casualty Company | OH | 111-24066 | 59-0141790 |
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|-----------------------------------|-------------------|
| 5. Company Tracking Number | 2008-03006 |
|-----------------------------------|-------------------|

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

| 6. Name and address | Title | Telephone #s | FAX # | e-mail |
|---|-----------------------|---------------------------|--------------|----------------------------------|
| Scott Edwards 62 Maple Ave Keene NH 03431 | State Filings Analyst | 800-826-6189 EXT 49640 | 603-352-9252 | Scottm.edwards@libertymutual.com |
| | | | | |

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|---|----------------------|
| 7. Signature of authorized filer | <i>Scott Edwards</i> |
| 8. Please print name of authorized filer | Scott Edwards |

Filing information (see General Instructions for descriptions of these fields)

| | |
|--|---|
| 9. Type of Insurance (TOI) | Businessowners |
| 10. Sub-Type of Insurance (Sub-TOI) | Businessowners |
| 11. State Specific Product code(s) (if applicable)[See State Specific Requirements] | |
| 12. Company Program Title (Marketing title) | Secure Pak® Program |
| 13. Filing Type | <input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other |
| 14. Effective Date(s) Requested | New: 2/1/08 Renewal: |
| 15. Reference Filing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. Reference Organization (if applicable) | Insurance Services Office |
| 17. Reference Organization # & Title | BP-2008-OCH1 |

| | |
|---|---|
| 18. Company's Date of Filing | 10/22/08 |
| 19. Status of filing in domicile | <input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved |

Property & Casualty Transmittal Document—

| | |
|--|------------|
| 20. This filing transmittal is part of Company Tracking # | 2008-03006 |
|--|------------|

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|---|
| 21. Filing Description [This area should be similar to the body of a cover letter and is free-form text] |
|---|

Effective February 1, 2009 we wish to file to adopt ISO Filing Designation number BP-2008-OCH1, which has been filed and approved by Insurance Services Office.

| |
|---|
| 22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] |
|---|

Check #: EFT
Amount: \$50

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



**America First
Insurance™**

Member of Liberty Mutual Group

62 Maple Avenue
Keene, NH 03431
603-352-3221

October 22, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Secure Pak® Program
Businessowners
ISO Form Adoption
ISO Filing Designation #: BP-2008-OCH1
THE OHIO CASUALTY INSURANCE COMPANY
NAIC #: 111-24074
WEST AMERICAN INSURANCE COMPANY
NAIC #: 111-44393
AMERICAN FIRE AND CASUALTY COMPANY
NAIC #: 111-24066
Company Filing #: 2008-03006

Dear Mr. Lacy:

Effective February 1, 2009 we wish to file to adopt the above captioned ISO Filing Designation number, which has been filed and approved by Insurance Services Office.

Enclosed, please find our required filing forms. Our \$50 filing fee will be sent via EFT through SERFF.

Questions regarding the enclosed filing should be directed to me at 603-354-9640 or 800-826-6189 ext. 49640.

Sincerely,

Scott M. Edwards
Analyst, Regulatory Filing, AM
e-mail:scottm.edwards@LibertyMutual.com
Fax: (603)- 352-9252